

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5223 (Rev. 6-84)	<h2 style="margin: 0;">SHORT-TERM RESIDENT TRAINING REQUEST</h2> <p style="margin: 5px 0 0 40px;"><i>(Information on this form are Privacy Act Protected, 5USC 522(a))</i></p> <p style="margin: 10px 0 0 40px;">(When filling in items 1. thru 22. NOTE (M) MANDATORY or (Q) OPTIONAL</p>					1. DATE (M)									
						2. REQUEST STATUS <i>(Check one)</i>									
						A. (M) INITIAL	C. (M) CORRECTED								
						B. RESUB- MISSION (M)	D. CANCEL- LATION (M)								
3. SERVICE NUMBER (M)	4. NAME <i>(Last, Initials)</i> (M)			5. RANK/RATE (M)		6. ROTATION DATE <i>(Estimate)</i> (M) <div style="display: flex; justify-content: space-between;"> YEAR MONTH </div>									
7. COURSE TITLE/NUMBER (M)			8. UNIT (M)			9. OPFAC NUMBER (M)									
			10. POINT OF CONTACT <i>(Name)</i> (O)			11. TELEPHONE NUMBER (M) <div style="display: flex; justify-content: space-between;"> AREA CODE NUMBER EXT </div>									
12. TRAINING SOURCE/LOCATION (O)						14. BILLING ADDRESS <i>(When applicable)</i> (O)			15. PRIORITY <i>(Code)</i> (M)						
			13. TUITION AND FEES <i>(When applicable)</i> (O)									16. COURSE DURATION (O) <div style="display: flex; justify-content: space-between;"> WEEKS DAYS </div>			
17. COURSE CONVENING PREFERENCE (M)															
A. FIRST CHOICE (M)			B. SECOND CHOICE (M)			C. THIRD CHOICE (M)									
YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY							
18. QUALIFICATION CODES OF APPLICANT (O)			19. MEETS COURSE PREREQUISITES (M) <i>(e.g. Prior courses/rate)</i> <i>(Check applicable box)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			20. EXPIRATION OF ENLISTMENT DATE (M)									
21. TRAINING NEEDS ANALYSIS (M)															
A. NO. PERSONNEL UNIT (M) REQUIRED TRAINED IN COURSE			B. NO. PERSONNEL WITH TRAINING O/B (M)			C. NO. PERSONNEL "ORDERED IN" WITH TRAINING (M)			D. NO. PERSONNEL "ORDERED OUT" WITH TRAINING (M)						
22. SUPPORTING REMARKS AND COURSE DESCRIPTION <i>(Attach course literature; for commercial sources)</i> (O)															
23. FIRST ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>						UNIT/ACTIVITY			DATE						
						C. REMARKS									
						D. TITLE			E. SIGNATURE						
24. SECOND ENDORSEMENT FORWARDED <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <i>(Remarks required)</i>						DIST/HQ UNIT			DATE						
						C. REMARKS									
						D. TITLE			E. SIGNATURE						
25. QUOTA STATUS <i>(Action office use only)</i>															
A. QUOTA REQUIRED				B. QUOTA REQUESTED				C. QUOTA GRANTED				REASON NOT GRANTED			
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO							